



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Dentistry

124 Halsey Street, 6th Floor, Newark, NJ 07102

Via Certified and Regular Mail



JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

Mailing Address:
P.O. Box 45005
Newark, NJ 07101
(973) 504-6405

Jamie H. Tapia
18 Madison Street, Apt. 9
Newark, NJ 07105

March 28, 2013
RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 2-19-14 DA

**RE: OFFER OF SETTLEMENT IN LIEU OF
FORMAL ACTION – File #89333**
**In the Matter of the Unlicensed Practice of
Jamie H. Tapia**

Dear Mr. Tapia:

The New Jersey State Board of Dentistry ("Board") received notice that you were arrested on July 31, 2012 in Union Township for the unlawful practice of dentistry (N.J.S.A. 2C:21-30). Upon review of all available information, the Board has determined that you have performed dentistry without licensure and therefore probable cause exists to support a finding that you have practiced dentistry pursuant to N.J.S.A. 45:6-19.

Prior to commencing formal action, the Board is offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached "Acknowledgment and Agreement" and return it to the Board. This letter and the signed Acknowledgment and Agreement will be considered the equivalent of an order of the Board and will be public information. Once signed, failure to comply with the terms of this agreement will result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you engaged in the unlicensed practice of dentistry in New Jersey and agree to immediately cease and desist from practicing dentistry or otherwise holding yourself out as a dentist in this State. This includes offering or performing any services defined as the practice of dentistry in the Dental Practice Act, specifically, N.J.S.A. 45:6-19, unless and until you hold a valid and active license issued by the Board.
2. Agree to the assessment of a civil penalty of \$10,000. You will begin to pay \$10,000 with one payment of \$1,000, and eight monthly payments of \$500 thereafter. The Board will stay the collection of the remaining \$5,000 of the penalty for a period of five (5) years. If during that five year period, you are found to have engaged in the unlicensed practice of dentistry, the total amount of the remaining \$5,000 penalty will be due immediately. If, at the end of the five

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year period, you have not violated this agreement or any law or regulation administered by the Board, the remaining \$5,000 civil penalty assessed by this agreement will be vacated. You acknowledge and understand the Board will pursue additional sanctions, including enhanced penalties, costs, attorney's fees, and contempt based on any new violation.

3. Agree that should you make an application for licensure, you will appear before the Board to discuss your activities prior to licensure, including the actions leading to your arrest. You further agree and understand that should your application for a license be granted, the Board specifically reserves the right to impose restrictions on your practice as may be necessary to ensure the public health, safety, and welfare.

If you agree to these terms, sign the Acknowledgment and Agreement and return it to Jonathan Eisenmenger, Executive Director, New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Newark, New Jersey 07101. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

This settlement offer will remain open to you for (15) days from the date of your receipt of this letter. In the event that no response is received from you after fifteen days of your receipt of this letter, the Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Board file a civil or administrative action, it will seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact me at (973) 648-2500.

Sincerely,
New Jersey State Board of Dentistry


Jonathan Eisenmenger
Executive Director

cc: Nancy Costello Miller, DAG

ACKNOWLEDGMENT AND AGREEMENT

I, **Jamie H. Tapia**, admit that I engaged in the practice of dentistry in New Jersey without having obtained a license to practice in this State as detailed in the letter of March 28, 2013

I agree to cease and desist from engaging in the practice of dentistry or providing dental services unless and until I hold a valid and active license issued by the Board.

I agree to the assessment of a civil penalty of \$10,000.00 against me. Payment of this penalty will be made by check or money order made payable to the State of New Jersey, and sent to the Board office with this Acknowledgment and Agreement. I will begin to pay the penalty with one payment of \$1,000, and eight monthly payments of \$500. The Board will stay the collection of the remaining \$5,000 of the penalty for a period of five (5) years. If during that five year period, I am found to have engaged in the unlicensed practice of dentistry, the total amount of the remaining \$5,000 penalty will be due immediately. If, at the end of the five year period, I have not violated this agreement or any law or regulation administered by the Board, the remaining \$5,000 civil penalty assessed by this agreement will be vacated.

I agree that if I engage in the practice of dentistry without a license to practice dentistry, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Dentistry dated March 6, 2012. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Board is a matter of public record, and that the letter and the Acknowledgment and Agreement are public documents.



Jamie H. Tapia

7-31-2013

Date



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Dentistry

124 Halsey Street, 6th Floor, Newark, NJ 07102

VIA CERTIFIED (RRR) AND REGULAR MAIL



JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

February 19, 2014

Jaime H. Tapia
18 Madison Street, Apt. 9
Newark, NJ 07105

Mailing Address:
P.O. Box 45005
Newark, NJ 07101
(973) 504-6405

Re: Payment Schedule

Dear Mr. Tapia:

This letter is to advise you that the New Jersey State Board of Dentistry (the "Board") has reviewed a letter received August 5, 2013 concerning a request for a payment schedule to complete payment of the penalty assessed against you by a settlement letter you signed on or about July 31, 2013. Specifically, you proposed to make monthly payments of \$100, until the balance of the total amount of \$5,000 due has been paid off.

The Board has accepted your proposed payment schedule. You should begin to make monthly payments of \$100, by check or money order made payable to the "State of New Jersey" and submitted to the Board office at the mailing address noted above. These payments are due on the first day of each month, beginning March 1, 2014. Failure to make a scheduled payment will be reported to the Board, and will lead to the filing of a certificate of debt in the total amount of the outstanding civil penalty and costs remaining at that time.

Please do not hesitate to contact the Board office if you have any questions or concerns about this payment schedule.

Sincerely,
STATE BOARD OF DENTISTRY


Jonathan Eisenmenger
Executive Director